IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

ZLOKOVIC

Serial No. 10/516,729

Filed: December 6, 2004

Title:

Attv Dkt. GRT/4061-28 C# M#

T.C./Art Unit: 1647

Examiner: D.E. Kolker

Date: October 4, 2007

TREATMENT OF VASCULAR DYSFUNCTION AND ALZHEIMER'S DISEASE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identi ncorporated by reference and the signature below serve signature thereon.	fied application and includes an attachment which is here as as the signature to the attachment in the absence of a	
☐ Correspondence Address Indication Fo	rm Attached.	
Fees are attached as calculated below: Total effective claims after amendment 0 Mine previously paid for 20 (at least 20) = 0	us highest number x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$	3
Independent claims after amendment previously paid for 3 (at least 3) = 0 Mine	us highest number x \$210.00 \$0.00 (1201)/\$0.00 (2201) \$;
If proper multiple dependent claims now added for first	time, (ignore improper); add \$370.00 (1203)/\$185.00 (2203) \$;
Two Three Fo	, , , , , , , , , , , , , , , , , , , ,	
Terminal disclaimer enclosed, add	\$130.00 (1814)/ \$65.00 (2814) \$;
Applicant claims "small entity" status. Statem	ent filed herewith	
Rule 56 Information Disclosure Statement	Filing Fee \$180.00 (1806) \$	180.00
Assignment Recording Fee Other:	\$40.00 (8021) \$ \$	
	TOTAL FEE \$	180.00

CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

GRT:ap

NIXON & VANDERHYE P.C.

By Atty: Gary R. Tanigawa, Reg. No. 43,180

Signature:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

ZLOKOVIC

Appln. No. 10/516,729

Filed: December 6, 2004

Confirmation No. 9946

Atty. Ref.: 4061-28

T.C. / Art Unit: 1647

Examiner: D.E. Kolker

FOR: TREATMENT OF VASCULAR DYSFUNCTION AND ALZHEIMER'S DISEASE

INFORMATION DISCLOSURE STATEMENT

October 4, 2007

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Further to the Amendment filed October 1, 2007, Applicants submit this Information Disclosure Statement (IDS) under 37 CFR 1.97(c). Attached is Form PTO-1449 listing the enclosed documents. In lieu of certification, submitted herewith is the required Official fee. If that fee is missing or inadequate, the Commissioner is authorized to charge our Deposit Account No. 14-1140 under Order No. 4061-28.

This IDS is intended to be in full compliance with the rules, but should the Examiner find any part of its required content to have been omitted, prompt notice to that effect is earnestly solicited, along with additional time under 37 CFR § 1.97(f), to enable Applicants to comply fully. In particular, if any of the listed documents are missing or incomplete, please contact the undersigned who will provide another copy.

As provided by 37 CFR §§ 1.97(g) and (h), no inference should be made that this information and the listed references are prior art merely because they have been sub-

ZLOKOVIC - Appln. No. 10/516,729

mitted for consideration. Furthermore, no representation is being made that a search has been conducted or that this statement encompasses all possible material information.

Consideration of the foregoing and enclosures, as well as the return of a copy of the Form PTO-1449 with the Examiner's initials per M.P.E.P. § 609, are earnestly solicited. The Examiner is invited to contact the undersigned if any further information is needed.

Respectfully submitted,

NIXON & VANDERHYE P.C.

By:

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